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## BIB DATA SHEET

CONFIRMATION NO. 4107

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/762,128	01/20/2004 RULE	428	1632	UWOTL129655		
<b>APPLICANTS</b> Nathalie B. Scholler, Seattle, WA; Mary L. Disis, Renton, WA; Ingegerd Hellstrom, Seattle, WA; Karl Erik Hellstrom, Seattle, WA;						
<b>** CONTINUING DATA *****</b> This application is a CON of 09/441,411 11/16/1999 PAT 6,734,172 which claims benefit of 60/109,106 11/18/1998						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 05/05/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /Anne-Marie Falk/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> CHRISTENSEN, O'CONNOR, JOHNSON, KINDNESS, PLLC 1420 FIFTH AVENUE SUITE 2800 SEATTLE, WA 98101-2347 UNITED STATES						
<b>TITLE</b> Surface receptor antigen vaccines						
<b>FILING FEE RECEIVED</b> 428	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			